

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



WILTON SIMPSON  
COMMISSIONER

**SELLERS OF TRAVEL  
REGISTRATION APPLICATION**

Sections 559.926 – 559.939, Florida Statutes  
Rule 5J-9.002, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
www.FDACS.gov • (850) 410-3804 Fax

Remit Non-Refundable Application  
Fee Online at:  
www.FDACS.gov

- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application may be subject to public review pursuant to chapter 119, Florida Statutes (F.S.). PLEASE TYPE OR PRINT. Attach additional pages as necessary using the same format. Annual Registration Fee: \$300 (plus an additional \$100 document submission fee if selling vacation certificates). Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 559.928(2)(c), (d), F.S., and rule 5J-9.002, Florida Administrative Code for eligibility requirements.

Please Select one:  New Filing  Renewal ST#: \_\_\_\_\_  Change of Owner \_\_\_\_\_  
Previous ST#

**Business Information**

**1. Business Name** (If applicant is not an individual, state legal name as registered with the Florida Department of State, Division of Corporations):

\* **Fictitious (DBA) Name** (if applicable):

\*As registered with the Division of Corporations.

**2. Business Street Address** (Include APT or SUITE # in all address lines. May not be a mail drop or virtual address.):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address** (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**3. Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**4. Name of Contact Person:** \_\_\_\_\_

**Title of Contact Person:** \_\_\_\_\_

**Mailing Address** (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

F&A Use Only

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 001109 \$300.00  
Object Code: 001110 \$300.00  
Object Code: 001114 \$100.00

**5. Federal Employer ID #:**

**6. Vacation Certificate Seller** (s. 559.9295, F.S.):

Yes  No

**NOTE:** Please provide a copy of your vacation certificate documents required by s. 559.9295, F.S. See the Vacation Certificate Checklist located at <https://www.FDACS.gov/content/download/21281/398745/Checklist.pdf> for statutorily required provisions. To expedite processing of this application, highlight each of the provisions in the vacation certificate(s) submitted to the department.

**7. Form of organization:**

- Corporation: \_\_\_\_\_  
*Corporation Name*
- Sole Proprietor: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Last Name* *First Name* *MI.*
- Partnership: \_\_\_\_\_  
*Partnership Name*
- Other: \_\_\_\_\_  
*Please Describe*

**State of Incorporation:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Document Number:** \_\_\_\_\_

**If a foreign corporation, date filed with the Florida Department of State:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
( \_\_\_\_\_ ) - \_\_\_\_\_

**Information about Owners, Partners, or Officers**

**8. Enter the name and address of each individual owner, all partners, corporate officers, and directors.** [s. 559.928(8), F.S.]

<b>Name:</b>	<b>Title:</b>
_____	
<b>Address:</b>	
_____	
<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
_____	_____ - _____
<b>Telephone Number:</b>	<b>Percent of Ownership:</b>
( _____ ) _____ - _____	_____ %

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Percent of Ownership:</b> _____ %

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	<b>Percent of Ownership:</b> _____ %

**9. Enter the name and address of the registered agent:**

<b>Name:</b> _____	
<b>Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____ - _____
<b>Telephone Number:</b> ( _____ ) _____ - _____	

**10. Have any persons listed in question #8, (any officers, directors, owners, or general partners):**

- Yes\***  **No**    Been convicted of a crime involving fraud, theft, embezzlement, dishonest dealing, or any other act of moral turpitude or any other act arising out of conduct as a seller of travel?
- Yes\***  **No**    Failed to satisfy a civil fine or penalty arising out of any administrative or enforcement action brought by any governmental agency or private person based upon conduct involving fraud, theft, embezzlement, dishonest dealing, or any violation of the Florida Sellers of Travel Act?
- Yes\***  **No**    Had a judgment entered against her or him in any action brought by the department or the Department of Legal Affairs pursuant to ss. 501.201-501.213 or the Florida Sellers of Travel Act?

*\*If yes, please provide the following information for each individual: (Attach additional sheets as necessary using the same format.)*

**Name of Individual:**

**Nature of Offense:**

**Date:**

**Court Having Jurisdiction:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month                      Day                      Year

**Disposition of Offense:**

**Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month                      Day                      Year

**11. List all other business locations or branch offices** (Attach additional sheets as necessary using the same format.):

Name of Business (Additional Location):

Business Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone Number:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name of Manager:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**12. Name of all other corporations, business entities, and trade names through which each owner (listed in question #8) of the seller of travel operated, was known, or did business as a seller of travel within the preceding 5 years. (If more than one, provide the following on a separate sheet.)**

Name of owner, partner, corporate officer or director:

Name of corporations, business entities or trade names:

**13. Will you be authorizing independent agents?**  Yes  No

*If Yes, please provide a list of all agents, including the agent's trade name, full name, mailing address, business address, and telephone numbers. Each authorized agent is required annually to file an application with the department prior to engaging in business in this state (ss. 559.928(1) and (3), F.S.). If there are more than twenty-five (25), provide the information on an Excel spreadsheet.*

**14. Are you an Airlines Reporting Corporation (ARC) member?:**  Yes  No

ARC Owner Since: \_\_\_\_\_ Member #: \_\_\_\_\_ Date Appointed: \_\_\_\_\_  
 VTC

NOTE: Please provide a copy of your ARC appointment letter.

**Type of Security Provided**

**15. Please Check One:**

Surety Bond (\$25,000):  original enclosed  on file with the department  
 Surety Bond (\$50,000 vacation certificate seller):  original enclosed  on file with the department

OR

**Request for security reduction.** Pursuant to s. 559.929, F.S., the security amount shall be \$25,000. A reduction may be granted according to the following:

- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales under \$500,000, may request to reduce its security bond to \$10,000.
- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales between \$500,000 and \$1,000,000, may request to reduce its security to \$15,000.
- A business that has been in operation under the same ownership and control for at least one year, with gross annual sales between \$1,000,000 and \$2,000,000, may request to reduce its security to \$20,000.
- A newly established business, or a business under new ownership may apply to reduce its security to \$10,000. "Newly established" means a business that has operated for less than one year.
- "Newly established" means a business that has operated for less than one year.

**Applicant therefore requests Security Reduction to:**     \$10,000                       \$15,000                       \$20,000

*This request will not be considered unless accompanied by your most recent Federal tax return or an audited financial statement for the immediately preceding fiscal year (not applicable if you are a newly established business).*

**Request for security waiver.** Pursuant to s. 559.929, F.S., the security amount shall be \$25,000. A waiver may be granted according to the following:

**Applicant states this Seller of Travel:**

- Has had five (5) or more consecutive years of experience as a seller of travel in Florida in compliance with sections 559.926 – 559.939, F.S.; **and**
- Has not had any civil, criminal, or administrative action instituted against it in the vacation and travel business by any government agency or any action involving fraud, theft, misappropriation of property, moral turpitude, or other violation of sections 559.926 – 559.939, F.S.; **and**
- Has a satisfactory consumer complaint history with the department.

**Any waiver granted pursuant to this application may be revoked by the department if the seller of travel violates any provisions of the Florida Sellers of Travel Act, or the rules promulgated thereunder.**

THE DEPARTMENT DOES NOT APPROVE THE CONTENT OF CONTRACTS OR SCRIPTS WHEN PROCESSING APPLICATIONS FOR LICENSURE. IT IS RECOMMENDED YOU SEEK LEGAL COUNSEL TO ENSURE THESE DOCUMENTS ARE IN COMPLIANCE WITH FLORIDA STATUTES.

**Preparer Information**

**Prepared By** *(please print name):*

**Title of Preparer:** \_\_\_\_\_ **Telephone Number of Preparer:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Application Certification**

I am empowered to execute this application on behalf of the above-named entity or individual.

\_\_\_\_\_  
*Print Name of Applicant* \_\_\_\_\_ *Title*

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_ *Month* / *Day* / *Year*

\_\_\_\_\_  
*Phone Number (required)*

**SELLERS OF TRAVEL  
SURETY BOND**

1-800-HELP-FLA (435-7352) • (850) 410-3800  
[www.FDACS.gov](http://www.FDACS.gov) • (850) 410-3804 Fax

Section 559.929, Florida Statutes  
Rule 5J-9.006, Florida Administrative Code

Return completed form to:

FDACS  
Sellers of Travel Program  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**Surety Bond Number:**

**Date of Surety Bond:**

**KNOWN ALL BY THIS PRESENT INSTRUMENT that we,**

**Principal (Applicant/Registrant)**

**Legal Name of Applicant :**

**Physical Street Address of Seller of Travel:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

**AND**

**Surety**

**Name (Full legal name of Surety):**

**Street Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address (if different from above):**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Fax Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Bond # \_\_\_\_\_

which Surety is authorized to do business and issue surety bonds in the state of Florida, are held firmly bound unto the state of Florida, Department of Agriculture and Consumer Services, ("Obligee"), in the sum of \$ \_\_\_\_\_ for the use and benefit of any consumer who is injured by the fraud, misrepresentation, breach of contract, financial failure, or violation of any provision of Sections 559.926-559.939, F.S., the Florida Sellers of Travel Act, by the Principal. NOW, THEREFORE, the condition of this obligation is such that if the Principal shall perform or cause to be performed the contracted services for which the Principal may be held liable by reason of the Principal's failure to perform, fulfill, or carryout any contract, agreement, or arrangement governed by Sections 559.926-559.939, F.S., and shall not injure a consumer by fraud, misrepresentation, breach of contract, financial failure or violation of the Florida Sellers of Travel Act by the Principal, then this obligation shall be void. Otherwise this obligation shall remain in force and effect in law subject, however, to the following limitations:

- 1. That the Obligee (state of Florida) shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default.
- 2. That the Surety shall promptly notify the Obligee in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond.
- 3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligee. Said notice shall contain full name, city, and state where the Principal is located, and the agency code number assigned to the Principal by the Obligee. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 day notice and such 30 day period shall begin only upon receipt of said notice by the Obligee.
- 4. That in no event shall the Surety be liable for a greater amount than that shown above.

This bond is effective this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 12:01 A.M., standard time and shall continue in force until canceled.

In witness hereof, the Principal and Surety have executed this instrument through their respective undersigned representatives, who are fully authorized to execute this instrument, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Principal**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Full Legal Name of Principal (Applicant)*

**Surety**

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature (Seal)*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Title*

**Local Agent**

\_\_\_\_\_  
*Name of Local Agent*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Contact Person*

\_\_\_\_\_  
*Contact Telephone Number*